

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 10175)

SERIAL NO. 01524987 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND. DEP.		IND. DEP.		IND. DEP.			IND. DEP.		IND. DEP.		IND. DEP.		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
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48							98							
49							99							
50							100							
TOTAL IND.	/		↓	2	↓									
TOTAL DEP.	19	←	17	←		←								
TOTAL CLAIMS	20	[REDACTED]	19	[REDACTED]		[REDACTED]								

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